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7590 06/10/2004

Kaardal & Associates, PC
Attn: Ivar M. Kaardal
Suite 250
3500 South First Ave. Circle
Sioux Falls, SD 57105-5802

06/25/2004 JERLINE 00000088 10622942

01 FC:2501

665.00 DP

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<i>Stephanie Wright</i>	(Depositor's name)
<i>Stephanie Wright</i>	(Signature)
8/23/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/622,942	07/18/2003	Kathleen M. Moran	21-0117	4445

TITLE OF INVENTION: HEAD SUPPORT DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	09/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BROWN, PETER R	3636	297-393000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 _____

3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☐ Advance Order - # of Copies _____

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(Authorized Signature) <i>[Signature]</i>	(Date) <i>8/23/04</i>
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